Comparison Com	Form 990-T		Exempt Organization Bus					OMB No 1545-0687				
Description	6	E										
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Rempty types section Print WAYNFLETE SCHOOL Number, street, and norm or suit on. If a PO box, see instructions Upset Power Powe	Internal Revenue Service		Do not enter SSN numbers on this form as it may	/ be ma	de public if your organiz)!	501(c)(3) Organizations Only				
Stort(c) 3 Ose Control Con		ed	Name of organization () Check box if name c	(Employees' trust, see								
Type 360 SPRING STREET Type 360 SPRING STREET City or town, state or province, country, and 2/P or foreign postal code PORTLAND, ME 0 41.0.2												
3600 SPRING STREAD		Tura	Number, Sireer, and room of Suite no. if a P O box, See instructions (See instructions)									
Speak value of all assets F Group exemption number (See instructions)	=	(e)	L	4								
Hence the number of the organization type ▶ X 501(c) corporation	529(a)	(a)	PORTLAND, ME 04102									
rade or busines here № SEE STATEMENT 1 If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or, business, then complete Parts II-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or, business, then complete Parts II-V. If more than one, describe the first on the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or, business, then complete Parts II-V. If more than one, described the previous sentence, complete Parts I and III, complete a Schedule M for each additional trade or, business, then complete Parts I and III, complete a Schedule M for each additional trade or, business than the previous sentence or the part of the previous sentence or the previous sentence or the part of the part of the previous sentence or the part of the pa	C Book value of all assets at end of year F G C C C C C C C C C C C C C C C C C C											
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describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III v. To buring the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	n enter the number of	ine organiza	ation's unrelated trades or dusinesses	1	Describe							
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?												
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?				ırts I ar	id II, complete a Schedule	e M for each addition	nai trade	or,				
If "Yes," enler the name and identifying number of the parent corporation. ▶ I The books are in care of ▶ ANNE HAGSTROM Telephone number ▶ 207-774-5721 Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales b Less returns and allowances 2 Cost of goods sold (Schedule A, line 7) 3 Gross profit. Subtract line 2 from line to 4a Capital gain net income (attach Schedule D) 4 Registration of trusts 5 Income (loss) from a partnership or an S corporation (attach statement) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 8 Interest, annuties, royalties, and rents from a controlled organization (Schedule G) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 1a Compensation of Gifcers, directors, and trustees (Schedule K) 1a Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income) 1a Compensation of officers, directors, and trustees (Schedule K) 1a Interest (attach schedule) (see instructions) 1a Interest (attach schedule) (see instructions) 1b Exploration (and income) 1c Compensation of officers, directors, and trustees (Schedule K) 1a Interest (attach schedule) (see instructions) 1b Interest (attach schedule) (see instructions) 1c Compensation of officers, directors, and trustees (Schedule K) 1c Depreciation (attach Form 4562) 2c Less depreciation (attach Form 4562) 2d Less depreciation claimed on Schedule A and elsewhere on return 2d Depletion				at oubo	idion/ controlled group?		Tva	Y No				
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23 Depletion 23	•				· · · · · · · · · · · · · · · · · · ·		22h					
		· ciaiiiica o	TO CONCOUNT A AND CISCONICIO ON TOLUM		[224]		-					
24 Contributions to deferred compensation plans	•	deferred co	empensation plans				24					
25 Employee benefit programs RECEIVED					1	-	-					
26 Excess exempt expenses (Schedule I) 26			chedule I)	·	1		\vdash					
· · · · · · · · · · · · · · · · · · ·	•		· 1 1	1.5	1	•	27					
27 Excess readership costs (Schedule J) 28 Other deductions (attach schedule) NOV 0 4 2019	28 Other deductions	(attach sc	hedule) 열 NUV 0 4 2019	ir			28					
29 Total deductions Add lines 14 through 28 29 1,473.			14 through 28	ᆈᄣ	1		29					
F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	30 Unrelated busine	Unrelated business taxable income before net operating to set up tract line 29 from line 13 30 -1,473.										
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31 Deduction for ne	t operating	loss arising in tax y ears beginning on or attel Janu a	ry 1, 20	M8 (see instructions)		\rightarrow	1				
32 Unrelated business taxable income. Subtract line 31 from line 30 83201 01-09-19 LHA For Paperwork Reduction Act Notice see instructions Form 990-T (2018)					**		32	-1,473. Form 990-T (2018)				

	William 2012 Dolloop					
Part I	II Total Unrelated Business Taxable Income					
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	_	1,4	73.
34	Amounts paid for disallowed fringes	34	2	3,7	46.	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35				
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of	h				
30		36	2	2,2	73.	
	lines 33 and 34	37		1,0	///	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37		1,0	00.	
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,		1 1	2	11 1	72
	enter the smaller of zero or line 36	,	38		1,2	<u>/3.</u>
Part I	V Tax Computation				, , ,	
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)	•	39		4,4	67.
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from:					
	Tax rate schedule or Schedule D (Form 1041)	•	40			
41	Proxy tax. See instructions	•	41			
42	Alternative minimum tax (trusts only)		42			
43	Tax on Noncompliant Facility Income. See instructions		43			
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44		4,4	67.
Part V			1 77 1			
	_1		Т І			
	, , , , , , , , , , , , , , , , , , ,		-l			
ь	Other credits (see instructions) 45b		-l			
C	General business credit. Attach Form 3800		4 1			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		.			
е	Total credits. Add lines 45a through 45d		45e			
46	Subtract line 45e from line 44		46		4,4	<u>67.</u>
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (a	attach schedule)	47			
48	Total tax. Add lines 46 and 47 (see instructions)		48		4,4	67.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49			0.
	Payments: A 2017 overpayment credited to 2018					
	2018 estimated tax payments 50b	4,080.	<u> </u>			
	Zo to damated at payment	4,000.	₹ }			
			-			
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		-			
	Backup withholding (see instructions) 50e		- 1			
	Credit for small employer health insurance premiums (attach Form 8941)		4			
g	Other credits, adjustments, and payments: Form 2439		1 1			
	☐ Form 4136 ☐ Other ☐ Total ► 50g		J 1			
51	Total payments. Add lines 50a through 50g		51		4,0	80.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		52			37.
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	•	53		4	24.
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	•	54			
55		unded	55			
Part			1 33 1			
	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority				Yes	No
56					103	 ""
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file					
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country					\ .
	here					X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	eign trust?				Х
	If "Yes," see instructions for other forms the organization may have to file.					Į .
58	Enter the amount of tax-exempt interest received or accrued during the tax year > \$				<u> </u>	<u> </u>
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the	ne best of my kno	owledge ar	nd belief, it is	s true,	
Sign	correct/and comblete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowled DIR OF FINANCE	°°& 📻				
Here	10/30/19 OPERATIONS	~	-	S discuss thi or shown belo		with
	Signature of officer Date Title			s)? X Y		No
			ıf PTII			
	The type property of the type of type of type of the type of t			•		
Paid	JOSON CALDIOUR CM	self- employed		01212	070	r
Prepa	rer pason C. Leblanc /	F				
Use (Only Firm's name ► ALBIN, RANDALL & BENNETT	Firm's EIN	· U.	1-044	<u>, 000</u>	0
	PO BOX 445, 130 MIDDLE STREET					
	Firm's address PORTLAND ME 04112-0445	Phone no. 2	207-	772-1	.981	

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation 🕨 N/A	4				
1 Inventory at beginning of year	1		6 Inventory at end of year	ar	L	6		
2 Purchases	2	 	7 Cost of goods sold S	ubtract I	ine 6			
3 Cost of labor	3		from line 5. Enter here	e and in f	Part I,			
4a Additional section 263A costs			line 2		L	7		l No
(attach schedule)	4a		8 Do the rules of section		263A (with respect to			
b Other costs (attach schedule) 4b property produced or a					l for resale) apply to			
5 Total Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Property	Leas	ed With Real Prop	perτy) 		
1. Description of property	<u></u> -							
(1)	· -							
(2)								
(3)								
(4)						_		
Y-6	2 Rent receiv	ed or accrued						
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	` 'af rent for	and personal property (if the percent personal property exceeds 50% or if nt is based on profit or income)	tage f_	3(a) Deductions directly columns 2(a) and	connected with 12(b) (attach s	the income i chedule)	n
(1)								
(2)						·		
(3)			·					
(4)			· · · · · · · · · · · · · · · · · · ·					
Total	0.	Total		0.				
c) Total income. Add totals of columns here and on page 1, Part I, line 6, columr		ter 🕨		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0
Schedule E - Unrelated Det	ot-Financed	Income (see	instructions)					
			Gross income from or allocable to debt-		3 Deductions directly conn to debt-finance	d property		
1. Description of debt-fil	nanced property		financed property	(a)	Straight line depreciation (attach schedule)		her deduction ch schedule)	.9
(1)								
(2)						ļ		
(3)								
(4)								
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(column	cable deducti 5 x total of col (a) and 3(b))	
(1)		· · · · · · · · · · · · · · · · · · ·	%	1	· · · · · · · · · · · · · · · · · · ·	İ		_
(2)			%					
(3)			%					
(4)			%					
					nter here and on page 1, Part I, line 7, column (A)		e and on pag ne 7, column (
Tatal					0.	1		0
Totals								_

Schedule F - Interest, A		· · · · · · · · · · · · · · · · · · ·	_	Controlled O				•		
1 Name of controlled organizat	ion 2					of of specified nents made services and of specified nents made services and of specified nents made services and of specified nents and		olling	6 Deductions directly connected with income in column 5	
(1)										
(2)			_			·	<u> </u>			
(3)										
(4)										
Ionexempt Controlled Organia	zations									
7 Taxable Income	8 Net unrelated (see instru		9 Total	of specified pay- made	ments	10. Part of colu in the controll gross		nization's		ductions directly connected n income in column 10
(1)			 							
(2)			1							
(3)					i					
			 							
(4)	<u> </u>		<u> </u>			Add colur Enter here and	on pag	e 1, Part I,		dd columns 6 and 11 here and on page 1, Part I,
Fotals					•	line 8,	column (0.		line 8, column (B)
Schedule G - Investme	nt Income of	a Section	n 501(c)(7), (9), or	(17) Or	ganizatior	1			
(see instr	ructions)			Τ	1	3. Deduction		4. Set-		5. Total deductions
1. Desc	nption of income			2 Amount of	income	directly conne (attach sched		(attach s		and set-asides (col 3 plus col 4)
(1)										
(2)										
(3)										
(4)										
	·			Enter here and Part I, line 9, co				•		Enter here and on page Part I, line 9, column (B)
Fotals			•		0.					0
Schedule I - Exploited	•	vity Inco	ne, Othe	r Than Ac		ng Income	€			
(see instru	ictions)			4 Net incom	no (loos)			Τ		
1 Description of exploited activity	2. Gross unrelated business income from trade or business	directly with p	Expenses y connected production unrelated ess income	from unrelated business (cominus colum gain, comput through	d trade or olumn 2 in 3) If a e cols 5	5. Gross inco from activity is not unrela business inco	that ted	6. Exp attributi colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)				1						
(3)				<u> </u>						
(4)	····			1	f	·				,
	Enter here and or page 1, Part I, line 10 col (A)	page	here and on a 1, Part I, I0, col (B)		<u>-</u> -J			·		Enter here and on page 1, Part II, line 26
otals >		0.	0.							0
Schedule J - Advertisi							_			
Part I Income From I	Periodicals F	Reported	on a Con	isolidated	I Basis					
1. Name of periodical	2 Gro advertii incon	sing .	3 Direct divertising costs	or (loss) (c col 3) If a g	tising gain of 2 minus ain comput hrough 7	5 Circula		6 Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						<u> </u>				
(2)		1		7						
(3)	The state of the s									
(4)										
		0.).						0
Totals (carry to Part II, line (5))	<u> </u>	<u> </u>		<u>' • </u>				<u> </u>		Corm QQO-T (201

Part II	Income From Periodicals Reported on a Sepa	rate Basis (For each periodical listed in Part II, fill in
	columns 2 through 7 on a line-by-line basis)	

2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
0.	0.				0.
Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)]			Enter here and on page 1, Part II, line 27
. 0.	0.	}			0.
	advertising income O Enter here and on page 1, Part 1, line 11, col (A)	advertising advertising costs O • O • Enter here and on page 1, Part I, line 11, col (A) line 11, col (B)	The second of th	A Gross advertising costs or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7 O • O • Enter here and on page 1, Part I, line 11, col (A) Enter here (A) Ente	2 Gross advertising costs or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 O • O • Enter here and on page 1, Part I, line 11, col (A) Enter here (A) Ente

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	0.

Form **990-T** (2018)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1 BUSINESS ACTIVITY

SEC 512(A)(7) - DISALLOWED QUALIFIED TRANSPORTATION FRINGE BENEFIT TO FORM 990-T, PAGE 1